tions on fetal brains and on experimental work with monkeys' brains are recorded, which admit of abstracting only with difficulty. With respect to the anatomy of these two portions of the brain the author states that as early as the fourth month (3½) it is evident that fibers arise in these two lobes which contribute to the formation of the corona radiata, the evidence for this being, in the author's opinion, even stronger than it is for the occipital lobes, *i. e.* the optic radiations. At this stage fibers are to be traced from the temporal lobes also. In his investigations on monkeys he was unable to actually demonstrate the relationship of these lobes to the corpora quadrigemina, but in some pathological human material he shows that destruction of the gyrus angularis leads to a degeneration of the anterior corpus quadrigeminum of the same side, and in a similar manner destruction of the anterior corpora guadrigeminal regions results in an ascending degeneration to the gyrus angularis. From one of these pathological cases it seemed evident that, following a hemorrhagic destruction of the pulvinar, seven months old, the dorso-lateral part of the lateral geminal nucleus, as well as the posterior parts of the central nuclei groups, a secondary degeneration could be traced through the posterior internal capsule and extended in part through the optic radiations to the inferior parietal lobes. The continuation of the paper has not yet appeared. JELLIFFE.

CLINICAL NEUROLOGY.

126. ZUR AETIOLOGIE DER ACUTEN POLIOMYELITIS (On the Etiology of Acute Poliomyelitis). Schultze (Münchener medicinische Wochenschrift, 1898, No. 38, S. 1197).

As a contribution to this question, the author reports the following: A boy of 5 years was taken ill with fever and slight vomiting, and two days later showed a paralysis of both arms and weakness of the neck muscles. Five days later he was free from fever, and on examination showed flaccid paralysis of both arms and of the neck muscles, with patellar and ankle reflexes lost on the left and weak on the right; both arm reflexes lost, other reflexes normal. There was no stiffness of the neck or back, and no hyperesthesia, although there was slight pain on pressure over the cervical spines. There was some somnolence for several days, but never coma. A lumbar puncture made 13 days after the beginning of the attack caused the escape under a pressure of from 500 mm. at the start to 200 mm. at the finish of 30 c.c. of a clear fluid containing at the end a few flocculi. The bacteriological examination of this fluid showed the presence of a diplococcus having all the morphological characters of the Weichselbaum-Jäger meningococcus, but no growth could be obtained in glycerine agar. The child improved, and was discharged from the hospital after about three months. At this time there was extensive atrophic paralysis of both upper arms. Re-examination eleven months later showed that the condition remained unchanged.

The author thinks that the case presents the clinical picture of an acute poliomyelitis, and not that of cerebro-spinal meningitis, since the characteristic symptoms of this disease were entirely absent, the only ones suggesting it being the somnolence, pain in the neck, and slight stiffness in the legs. He suggests that the infectious agent may distribute itself, on the one hand, in areas contiguous to the vessels in the meninges, and on the other, along the course of the anterior central artery of the cord. According to whether the meninges and nerve roots are chiefly affected, or whether the more central portions of the brain and cord are the main seats of the process, we get the picture of cerebro-spinal meningitis or that of encephalitis or poliomyelitis, while mixed types may also occur. ALLEN.

127. EIN FALL VON TABES DORSALIS MIT BULBÄRPARALYSE (Tabes with Bulbar Paralysis). M. Bloch (Neurologisches Centralblatt, 18, 1899, p. 344.)

This condition, stated by Bloch to have been reported by two other observers only, Howard and Charcot, occurred in a man fifty-five years of age. Since 1890 he had the symptoms of a pronounced locomotor ataxia, beginning with lightning pains. Within the past year he noted symptoms of partial anesthesia and numbness in the right half of the face, and inside of the mouth and tongue. Swallowing was often accompanied by regurgitation through the nose, speech was nasal in character, chewing became difficult, and the saliva ran from the mouth continuously. There was partial ptosis of the right lid, paralysis of the abducens, superior and internal rectus, and paresis of the inferior rectus. The muscles of the left side were also partially paralyzed. Amaurosis and typical optic nerve atrophy were present. There was lessened sensibility over the right trigeminal distribution. In mouth and mucous membrane of the nose, right side, and the right side of tongue there was diminished sensibility. Smell, taste and hearing were intact. The tongue protruded with difficulty, bending toward the right side. The musculature was atrophied, and fibrillary twitchings were present. Paralysis of right posticus, with normal superior laryngeal. Sensibility of pharynx diminished. The rest of the clinical picture was that of a typical case of tabes. JELLIFFE.

128. UEBER LANDRY'SCHE PARALYSE (On Landry's Paralysis). Goebel (Münchener medicin. Wochenschrift, 1898, Nos. 30, 31 and 32).

The author recounts the various views with regard to acute ascending paralysis which have prevailed from the time of Landry up to the present day, and reports a case carefully studied by himself, of which the following is an abstract: A man of 30, who had had syphilis, four weeks after exposure to cold and wet, was suddenly seized with a flaccid paralysis of the legs. There was next involvement of both external recti of the eyes, then of the anus, without change in electrical reactions, paresthesia, sensory disturbance, or involvement of sphincters; with free sensorium, a febrile temperature range, and normal urine. The existing paralysis increased; both exterior and interior muscles of the eye became affected, as were also the face, jaw and tongue muscles. There was interference with swallowing and irregularity of the respiration; in the latter stages weakness of the sphincter vesicae, with slight diminution of sensibility towards the ends of the extremities, and death by asphyxia, fourteen days after the onset of the paraplegia.

The examination post-mortem revealed some fatty degeneration in the muscles of the extremities, in the diaphragm, and in some of the eye muscles, with a peculiar pigmentary deposit in the right rectus cruris. The Marchi method showed degeneration in some parts of the cauda equina, with disseminated changes in the medulla and pons, and a fine, dust-like deposit in the subcortical medullary layer of the central and occipital convolutions. The cord and peripheral nerves showed no degeneration.

The author regards the case as one of Landry's paralysis, with some unusual manifestations, and thinks that it shows, at any rate, that the lesions are not purely neuritic in all cases. In view of the